HEALTH AND SOCIAL SERVICES

OVERVIEW

MISSION

To promote, protect and provide for the health and wellbeing of the people of the Northwest Territories.

GOALS

1. To promote healthy choices and responsible self-care.
2. To protect public health and prevent illness and disease.
3. To protect children and vulnerable individuals from abuse, neglect and distress.
4. To provide integrated, responsive and effective health services and social programs for those who need them.

PROPOSED BUDGET

Compensation & Benefits	13,017,000
Grants & Contributions	221,816,000
Other O&M	69,326,000
Amortization	8,868,000
Infrastructure Investment	24,474,000

PROPOSED POSITIONS

Headquarters (HQ)	114 positions
Regional/Other Communities	16 positions

KEY ACTIVITIES

- Corporate Management
- Program Delivery Support
- Health Services Programs
- Supplementary Health Programs
- Community Health Programs

STRATEGIC ACTIONS

The Department will take the following actions in support of the government's strategic initiatives:

- Expand Programming for Children and Youth *(Building Our Future Initiative)*
- Encourage Healthy Choices and Address Addictions *(Building Our Future Initiative)*
- Implement Phase II of the Framework for Action on Family Violence *(Building Our Future Initiative)*
- Strengthen Continuum of Care for Seniors *(Building Our Future Initiative)*
- Increase Safety and Security *((Building Our Future Initiative)*
- Protect Territorial Water *(Managing This Land Initiative)*
- Maximize Benefits from Resource Development *(Maximizing Opportunities Initiative)*
- Strengthen Service Delivery – Supporting Information Technology (Refocusing Government)

EMERGING ISSUES

Boards and Agencies Reform

Board Reform is being undertaken as part of the Refocusing Government Initiative. This initiative is intended to achieve greater efficiency and effectiveness and a more client-focused approach to government through better planning, coordination and communication. The GNWT is currently developing plans to create multi-purpose boards, integrating health and social services, education, and housing programs at the regional level.

This change to existing board structures will have a significant impact on how services are delivered and the reporting and accountability structures in place with the existing regional health boards.

Financial Pressures

Sunsets and One-time Federal Funding:

The total funding due to sunset in 2009-10 is $10 million. This total includes the Federal Territorial Health Access Fund (THAF), Patient Wait Times Guarantee Trust and the Wait Times Reduction Trust.

Health Expenditure Trends and Cost Drivers

Between 2000 and 2007, the Canadian Institute for Health Information (CIHI) forecasted that territorial government health expenditures increased by 54% from $158 million to $243 million. In contrast, CIHI forecasted that the national increase was 63% over the same time period.

Between 2000 and 2005, CIHI estimated that the proportion of total territorial government health care expenditures spent on seniors (age 60 and over) increased from 24% to 28%. Seniors are a major cost driver for health care programs in the NWT due to three factors:

- They have the highest cost per capita for health care – the CIHI estimate for 2005 was $21,000 for people age 60 and over - approximately 5 times the amount per person for people under age 60;
- The cost per capita increased faster for seniors (39%) than non-seniors (33%) between 2000 and 2005;
- Seniors are the fastest growing segment of the NWT population – at 4.5% per year (1997 to 2007).

Hospitals are the single largest contributor to overall health care costs. It is estimated that for 2007/08, the Department of Health and Social Services spent $84.3 million on acute care hospital services for NWT residents in and out of the territory (*Canada Health Act Annual Report, 2008*). Physician services are the second largest contributor to overall health care costs. It is estimated that for 2007/08, the Department of Health and Social Services spent $37.7 million on physician services for NWT residents in and out of the territory (*Canada Health Act Annual Report, 2008)*. Particular issues driving health care costs are to varying degrees, preventable or treatable under less invasive and resource intensive manners.

Demographic Changes

Currently, 32% of the NWT population is under 20 years of age compared to 24% in Canada. While the NWT continues to have one of the youngest populations in Canada, this pattern is changing. The age structure of the NWT indicates that recent growth in the senior's population is likely to continue. It is anticipated that the proportion of seniors (aged 60+) will increase from 8.6% in 2007 to 11.9% by 2017, making it the fastest growing age group. As a result, the number of residents susceptible to a large number of chronic conditions including heart disease, diabetes and cancer will likely increase, unless there are changes to personal health practices.

Health Conditions

- Incidence of the two most common sexually transmitted infections (STIs) – Chlamydia and gonorrhea – have increased significantly since the mid-1990s. The NWT rate is now nearly 10 times the national average.
- Prevalence of diabetes is increasing. Between 1997 and 2004, the proportion of the NWT population age 20 and over with diabetes increased from 3.8% to 6.4% for males and 3.2% to 5.9% for females.
- Colorectal cancer is the most common type of cancer diagnosed for men, while breast cancer the most common type for women. Colorectal cancer rates, associated with a poor diet, are significantly higher in the NWT than in the rest of Canada.
- In 2003, 5% of NWT residents 12 years of age and older reported a major depressive episode. Residents between 12 and 39 years of age were two times more likely than those 40 years of age and older to report symptoms of depression (6% vs. 3%).
- Suicide rates are almost twice those reported in the rest of Canada (2.11 vs. 1.17 per 10,000). In the NWT, suicide rates are highest among 15 to 24 year olds and in the smaller rural communities (i.e. Inuit communities).

Personal Health Practices

- In 2006, an estimated 41% of territorial residents aged 15 and older reported that they currently smoked cigarettes.
- Heavy drinking continues to be a major health concern in the NWT, as the prevalence increased from 26% to 35% among residents aged 15 years and older between 1996 and 2006.
- In 2006, an estimated 15% of NWT women aged 20 to 44 reported drinking alcohol during their last pregnancy. This means that a considerable proportion of pregnant women are putting their unborn children at risk of developing Fetal Alcohol Spectrum Disorder (FASD).

Aboriginal Health and Wellbeing

Aboriginal people in the Northwest Territories aspire to lead full and active lives however their progress towards achieving quality and healthy lifestyles continue to be burdened by social, cultural and economic factors. Although general health has improved over the past few decades, Aboriginal people continue to have poorer health outcomes than the rest of the NWT. Many of these health outcomes can be attributed to lifestyle choices such as, smoking, heavy alcohol use and diet. These habits are detrimental to one's health, as early and prolonged usage increases the risk of adverse health conditions such as, diabetes, cancer, heart disease and stroke. Social and economic factors such as low income, poor housing conditions, and low education achievements also contribute significantly to the relative poor health status of the Aboriginal population.

Children in Care

Over the past decade in Canada, studies have shown that children in need of protection are increasing significantly. The Child Welfare League of Canada reported that in 1997 there were 36, 080 children in care (excluding Quebec) and in 1998/99 this number increased to 46,397 children in care (excluding Quebec).

Nationally, 30-40% of children in care are Aboriginal.

An annual March snapshot indicates that the number of children in the NWT receiving services has increased in the past 5 years, from 508 children in 2003 to 625 children in 2008: an overall increase of 117 children receiving services. The number of children in permanent custody has also increased from 171 children in 2003 to 223 children in 2008.

	2003	2004	2005	2006	2007	2008
Number of Children Receiving Services	508	567	582	616	635	625
Permanent Custody	171	202	214	214	227	223

Homelessness

Homelessness is a critical issue in large and small communities across the NWT. The issue is a complex one, as homeless people are diverse and the factors that led them to become homeless are equally diverse and, moreover, vary over time. No one sector or level of government can unilaterally address the problem of homelessness.

It is difficult to ascertain the numbers of homeless persons in the NWT in comparison to the rest of Canada. Due to smaller population size, the NWT is often not included in larger surveys and studies conducted by groups like Statistics Canada.

Canada's North has special characteristics that contribute to high rates of homelessness in general. Northwest Territories has its own unique circumstances, the territories all share remote geography, underdeveloped infrastructure, a small population base, a high cost of living and limited employment opportunities, high rates of social issues such as addictions, domestic violence and intergenerational dependency on income support.

The admission rate for family violence shelters in the NWT has steadily increased over the last five years. Local efforts to determine the extent of homelessness in the NWT have indicated that there are 500 homeless women living in Yellowknife and that in Inuvik, there are at least 5-12 homeless men and women at all times.

FISCAL POSITION AND BUDGET

Departmental Summary

	Proposed Main Estimates 2009-2010	Main Estimates 2008-2009	Revised Estimates 2007-2008	Main Estimates 2007-2008
		($000)		
OPERATIONS EXPENSE				
Activity 1 – Directorate	5,997	6,929	6,045	6,611
Activity 2 – Program Delivery Support	32,264	31,886	29,634	29,155
Activity 3 – Health Services Programs	176,717	175,476	189,209	156,294
Activity 4 – Supplementary Health Programs	22,977	20,869	19,290	17,698
Activity 5 – Community Health Programs	75,072	74,662	73,352	67,637
TOTAL OPERATIONS EXPENSE	**313,027**	**309,822**	**317,530**	**277,395**
REVENUES	**48,430**	**51,485**	**46,396**	**45,068**

Operation Expense Summary

	Main Estimates 2008-09	Proposed Adjustments: Sunsets and Other Approved Adjustments	Proposed Adjustments: Reductions	Proposed Adjustments: Forced Growth	Proposed Adjustments: Strategic Initiatives	Proposed Adjustments: Internal Reallocation of Resources	Proposed Budget 2009-10
				($000)			
Activity 1							
Directorate	**1,343**	-	(170)	-	-	38	**1,211**
Policy	**2,936**	(50)	(307)	-	-	(251)	**2,328**
Finance	**2.650**	-	(268)	-	-	76	**2,458**
Amortization	-	-	-	-	-	-	-
Total Activity	**6,929**	**(50)**	**(745)**	-	-	**(137)**	**5,997**
Activity 2							
Information Systems	**6,769**	-	-	288	817	-	**7,874**
HSS Recruitment and Retention Program	**7,177**	323	(976)	-	-	(130)	**6,394**
Health Services Administration	**1,567**	-	-	-	-	-	**1,567**
Primary Care	**2,069**		(199)	-	-	296	**2,166**
Public Health	**1,866**	(45)	(267)	-	483	(212)	**1,825**
HSS Authorities/ Agency Admin	**12,438**	-	-	-	-	-	**12,438**
Amortization	-	-	-	-	-	-	-
Total Activity	**31,886**	**278**	**(1,442)**	**288**	**1,300**	**(46)**	**32,264**
Activity 3							
NWT Hospitals	**80,657**	(943)	-	1,147	-	10	**80,871**
NWT Health Centres	**27,282**	-	-	174	-	-	**27,456**
Out-of Territories Hospitals	**19,323**	-	-	-	-	-	**19,323**
Physicians Inside the NWT	**35,850**	-	-	-	-	-	**35,850**
Physicians Outside the NWT	**3,609**	-	-	500	-	-	**4,109**
Medical Equipment under $50,000	**1,790**	(290)	-	-	-	-	**1,500**
Amortization	**6,965**	-	-	-	-	-	**7,608**
Total Activity	**175,476**	**(1,233)**	-	**1,821**	-	**10**	**176,717**
Activity 4							
Supplementary Health Benefits	**4,249**	-	-	1,509	-	-	**5,758**
Catastrophic Drug Benefits	**2,756**	-	-	-	-	-	**2,756**
Métis Health Benefits	**1,355**	-	-	552	-	-	**1,907**
Medical Travel	**12,509**	-	-	47	-	-	**12,556**
Amortization	-	-	-	-	-	-	-

Total Activity	**20,869**	-	-	**2,108**	-	-	**22,977**
Activity 5							
Children and Family Services	**19,268**	(168)	(290)	91	-	69	**18,970**
Prevention and Promotion Services	**3,558**	(401)	(66)	-	414	104	**3,609**
Adults Continuing Care Services	**19,138**	(950)	-	261	2,000	-	**20,449**
Community Social Services	**30,809**	(582)	-	107	450	-	**30,784**
Amortization	**1,889**	-	-	-	-	-	**1,260**
Total Activity	**74,662**	**(2,101)**	**(356)**	**459**	**2,864**	**173**	**75,072**
TOTAL DEPARTMENT	**309,822**	**(3,106)**	**(2,543)**	**4,676**	**4,164**	-	**313,027**

Revenue Summary

	Proposed Main Estimates 2009-2010	Main Estimates 2008-2009	Revised Estimates 2007-2008	Main Estimates 2007-2008
		($000)		
Transfer Payments				
Wait Times Reduction Trust	-	4,489	830	830
Patient Wait Times Guarantee Trust	1,893	1,793	940	-
HPV Immunization Trust	-	-	388	-
Health Access Fund – Medical Travel	3,200	3,200	3,200	3,200
Health Access Fund – Long Term Reform	4,300	4,300	4,300	4,300
Hospital Care – Indians and Inuit	20,786	20,378	19,978	19,978
Medical Care – Indians and Inuit	5,862	5,747	5,634	5,634
	36,041	39,907	35,270	33,942
General Revenues				
Professional Licenses Fees	100	100	100	100
Vital Statistics Fees	109	109	100	100
NWTHC Subsidy – Northern Lights Special Care Home	118	-	-	-
	327	209	200	200
Other Recoveries				
Reciprocal Billing – Inpatient Services	1,140	1,086	1,086	1,086
Reciprocal Billing – Medical Services	738	738	738	738
Reciprocal Billing – Specialist Physicians Services for Nunavut	879	879	879	879
Reciprocal Billing – Hospital Services for Nunavut	5,883	5,883	5,883	5,883
Special Allowances	825	825	825	825
	9,465	9,411	9,411	9,411
Grants in Kind				
Rockhill Apartment (lease to YWCA)	443	443	-	-
Northern Lights Special Care Home purchase	639	-	-	-
	1,082	443	-	-
Capital				
Deferred Capital Contributions	1,515	1,515	1,515	1,515
	1,515	1,515	1,515	1,515
TOTAL REVENUES	**48,430**	**51,485**	**46,396**	**45,068**

KEY ACTIVITY 1: DIRECTORATE

Description

Under the authority of the Minister, the Directorate provides leadership and direction to the Department, and administrative services for Departmental operations.
The Policy Division provides leadership and services in policy, legislation and regulation, intergovernmental affairs, and trustee training and orientation. This Division is also responsible for setting a system-wide framework for planning and accountability. Department priorities must respond to system-wide health and social issues and reflect priorities set by the government.

Financial Services provides budgetary, accounting and management services to the Department. These services include providing advice to senior management and HSS Authorities on financial management, financial control, information systems, contracts, contributions, facility planning, design, construction, renovation and the acquisition and maintenance of equipment.

Major Program and Service Initiatives 2009/10

Improving System Wide Accountability

Work is currently underway to enhance the accountability framework between the Regional Authorities and the Department through formal Service Delivery Agreements. The goal of this project is to increase the accountability and reporting from the Authorities to the Department and the GNWT overall.

Proactive risk management, a focus on patient safety and continuous quality improvement are essential components of a safe and effective health care system. NWT hospitals have these processes in place. However, there is a need to strengthen risk management practices throughout the health and social services system, including the need to establish clinical guidelines and to improve procedures in clinics and health centers.

Heath and Social Services will be moving to system-wide accreditation with the goal of having all eight health authorities fully accredited. This will result in an externally recognized framework for quality improvement and risk management that is universally applied across the territory.

Four Year Business Plan Update

Accreditation
To date, the Beaufort Delta Health and Social Services Authority has attained system wide accreditation and Fort Smith is working towards achieving this status. The four NWT Hospitals have all attained their 3-year accreditation status.

KEY ACTIVITY 2: PROGRAM DELIVERY SUPPORT

Description

Program Delivery Support provides a system-wide focus and assistance in the delivery of health and social service programs.

The Information Systems Division is responsible for implementing and maintaining appropriate systems technology throughout the HSS system. The Division is also responsible for providing leadership and direction in information management, information technology and support services for the Department.

The Health Service Administration Division is responsible for the administration of the Health Benefits payment programs (including Insured Health Benefits, Supplementary Health Benefits, Catastrophic Health Benefits, Métis, Non-Insured Health Benefits and inter-jurisdictional billings for Hospital and Physician Services). The Division is also responsible for administration of Vital Statistics and health benefits registration.

The Public Health Division is responsible for health protection, environmental health and disease registries. The Director holds the statutory appointments of Chief Medical Health Officer and Registrar of Disease Registries.

The Primary Care Division is responsible for acute and long term care planning, homecare, seniors and persons with disabilities, rehabilitation, community health nursing, maternal and child health, and oral health.

This activity includes funding to Health and Social Services Authorities/Agency for activities associated with management and administration.

This activity also includes funding for recruitment and retention programs specifically related to activities to develop, recruit and retain health and social services professionals.

Major Program and Service Initiatives 2009/10

Health Information Systems

Telespeech – Phase II – 2009/10
The installation of televideo-consultation units will enable Health Authorities to maintain a full Speech Language Pathology (SLP) staffing complement by virtually recruiting SLP's through contract arrangements with southern providers to fill vacancies. Through the auspices of televideo-consultation, there will be access to specialised services at the community level such as The Institute for Stuttering Treatment and Research located in Edmonton; Autism team at the Glenrose and Cleft, Lip and Palate team at the University of Alberta Hospital.
The deployment of a total of 15 televideo-consultation units (5 health Centers, 10 Schools) will take place in 2009/10. Planning for Phase III deployment will also take place in 2009/10.

Integrated Electronic Health Record (iEHR) – This is a strategic project between the NWT Health & Social Services, Capital Health and Alberta Health & Wellness. This project will result in a private and secure lifetime record of an individual's key health history and care within the health system. The iEHR project will be available electronically to authorized health care providers anywhere, anytime, in support of high quality care.

Electronic Medical Record (EMR) – The Department of Health and Social Services is undertaking a Territorial EMR project. This includes the Practitioner Management (PM) components of scheduling and billing. The system contains an electronic record outlining a client's personal details such as demographics, diagnosis or conditions, and details about the treatment or assessments undertaken by a health care provider. In combination with the iEHR, and other related NWT initiatives, support funding for the operating costs of the EMR is key to achieving the long-term goal of an integrated electronic health system.

NWT-Wide Picture Archive and Communications (PACS)
This project is undertaken in conjunction with Canada Health Infoway and is focused on improving health care by providing retrieval of images and reports anytime, anywhere, for any patient. PACS will be rolled out over a three-year period. In early 2008-09 the core PACS will be installed at Stanton Hospital. Late 2008-09 PACS will be deployed to the Beaufort Delta Regional Hospital, Hay River and the Fort Smith Health Centre. In year three the Computed Radiography (CR) units will be installed at the Community Health Centers.

Population Health

Public Education Related to Drinking Water
This Strategic Initiative will increase public education and include a continual release of an annual water quality report, development of a website and materials to assist with public education on water issues.

Seniors' Action Plan

The NWT Seniors' Society is in the third year of a four-year contribution agreement (06/07 - 09/10) with HSS. Funds are being used by the NWT Seniors Society for the following activities: Seniors Information Line, Seniors Advisory Council, Senior's Awareness Week, Canada Senior Games and Community Outreach Programs.

Chronic Disease Management
The Department, in consultation with key stakeholders, developed an NWT Diabetes Strategy. It is proposed that this strategy be implemented through a pilot project in two authorities initially. The project will provide a coordinated approach to Diabetes management and have clear and measureable objectives related to two of the goals identified in the NWT Diabetes Strategy:

- Morbidity and premature mortality are reduced among NWT residents living with all types of diabetes mellitus
- Health professionals provide effective and efficient diabetes prevention, education, treatment and care within a chronic disease framework.

The pilot will be evaluated for effectiveness and the Diabetes management framework will be used as a model for chronic disease management in the NWT and rolled out to other regions as part of the territorial strategy.

Immunization
Immunization is recognized as one of the most cost-effective public health interventions in the prevention and control of disease. Recent outbreaks of Measles across Europe and of Mumps among university students in Canada highlight the importance of promoting and sustaining high immunization rates, and having the means of monitoring immunization coverage in the population. The Department therefore plans to work on improving its immunization information system, including reporting requirements as part of new regulations under the public health act. The Department will also be implementing a new vaccine program against the Human Papilloma Virus, for the prevention of cervical cancer.

Cancer Screening
Cancer is now the leading cause of overall mortality in the NWT (25% of deaths annually – *2005 Health Status Report*). Significant impacts on cancer mortality can be achieved through well organized evidence-based screening programs to detect cancer at the earliest possible stage when treatment is more likely to be curative. The NWT has already achieved success with regard to cervical cancer screening, but more work needs to be done to enhance and sustain organized breast and colorectal cancer screening programs to ensure equitable access and optimal uptake at the community level.

Four Year Business Plan Update

Health Information Systems

Under the Strategic Initiative: Refocusing Government, Health and Social Services will increase support positions to ensure the successful implementation of the new health care information systems coming on stream. For 2009-10, an additional 7.6 positions will be created in Yellowknife.

Telespeech

This is a continuation activity to ensure efficient and effective access to NWT Rehabilitation Services.

PHASE II – 2009/10
The deployment of a total of 15 televideo-consultation units (5 health Centers, 10 Schools) will take place in 2009/10. Planning for Phase III deployment will also take place in 2009/10.

PHASE III – 2010/11

The deployment of 25 televideo-consultation units (5 Health Centers, 20 Schools) will take place in 2010/11.

iEHR - Phase 0 (initial planning) concluded in December 2005/06. Phase 1 (implementation planning) was completed in 2006/07 and Phase 2 (implementation) started in 2007/08 and is expected to be completed in 2009/10.

EMR - An NWT-wide EMR RFP process was completed in March 2007. The EMR was implemented in 2 sites in 2008/09 and is expected to be rolled out to additional sites over several years.

DI/PACS - planning phase for this initiative began in 2005/06 and was completed in 2006/07. Implementation activities began in 2007/08 and the planned three-year rollout will span 2008/09 through 2010/11.

Population Health

Chronic Disease Management - The Department, in consultation with key NWT stakeholders has developed an NWT Diabetes Strategy. It is proposed that this strategy be implemented through a pilot project in two authorities in 2009-10.

Cancer Screening

Breast Cancer Screening

- Funding from Health Canada's Patient Wait Times Guarantee Pilot Project Fund is proposed for a screening mammography service in Hay River. This service will be a part of the Territorial screening program and will have a common database with STHA. The program is scheduled to begin screening in January 2009.
- Screen Test Alberta provides mobile mammography screening service to the community of Ft. Smith on a year-to-year contract basis. Follow-up examinations post-screen are referred to Yellowknife.

Colorectal Cancer Screening

- Since April 2007, the Department is funding Stanton Territorial Health Authority to test the elements of an organized screening program against colorectal cancer, which has become the most common cancer among our population (now twice the national average overall and up to 3 times the national rate among Dene men).
- Pilot projects were initiated in the Dehcho (November 2007) and Fort Smith (April 2008).
- With funding recently received through IRC (Aboriginal Health Transition Fund), the Beaufort-Delta region is expected to join the pilot phase of this program in the near future.

Measures Reporting

Report on the measures identified in the four year business plan for this key activity area.

Indicator	Report on Measure
Recruitment and Retention • Turnover rates • Recruitment rates	Turnover rates (%) # of employees beginning of fiscal year + # of employees end of fiscal year/2 = average # of employees # of terminations/average # of employees x 100 = Turnover rate (%) Recruitment rates (%) # of position vacant beginning fiscal year + # positions vacant end of fiscal year / 2 = Average number of vacancies # of positions filled over fiscal year/# average number of vacancies x 100 = Recruitment Rate (%)

KEY ACTIVITY 3: HEALTH SERVICES PROGRAMS

Description

Health services to eligible northern residents in areas such as inpatient and outpatient services, public health and chronic care are provided through the Department and Health and Social Services Authorities/Agency. Pursuant to the *Hospital Insurance and Health and Social Services Administration Act*, Health and Social Services Authorities/Agency are established to operate, manage and control facilities, programs and services.

- Hospital Services;
  - funding to Health and Social Services Authorities/Agency to provide primary, secondary and emergency care in NWT hospitals
  - funding for insured hospital services to NWT residents outside the NWT
- NWT Health Centres;
  - funding to Health and Social Services Authorities/Agency to provide residents with primary care or "first contact" care through a system of health centres located throughout the NWT
- Physician Services;
  - funding to Health and Social Services Authorities/Agency to provide insured physician services inside the NWT
  - funding for insured physician services to NWT residents outside the NWT
- Funding for medical equipment.

Major Program and Service Initiatives 2009/10

Sustainability of the System – The cost of delivering health care in the NWT continues to rise: driven by such things as demographics, prevalence of disease, and overall poor health status. These cost pressures, combined with a national shortage of health care professions, is forcing the Department to consider alternative service delivery and staffing models. Over the next four years the Department will review initiatives such as: reforming medical facilities, primary care reform, and reviewing staffing models to ensure that the appropriate level of care is provided by the appropriate health professionals and that the system remains sustainable.

Aboriginal Health - Aboriginal people continue to have poorer health outcomes than the rest of the NWT. The way forward requires a collaborative approach. Our commitment is to work with Aboriginal organizations to improve the health status of Aboriginal people in the Northwest Territories.

Enhancing Access to Nurse Practitioners
The Department of Health and Social Services has committed to expanding the use of Nurse Practitioners. Over the next three years the Department will increases supports to the Aurora College program supporting nurses in advanced practices and support northerners wishing to pursue opportunities.

Four Year Business Plan Update

Rehab Teams – A total of 12 new full time equivalent (FTE) positions have been added across the NWT in three regional multidisciplinary teams providing occupational therapy and speech language pathology services. A working group with Department and Authority stakeholder representation has been established to develop a program implementation plan.

Nurse Practitioners - The Department developed a Nurse Practitioner Education Leave Bursary Program (NP-ELBP) for Northern Nurses employed by the GNWT. To date, 16 nurses employed by the GNWT have received, or are receiving, a bursary through the NP-ELBP. While the Department will implement reductions in this program – reducing the full-time education leave for the Nurse Practitioner Leave Bursary to part-time leave, the program will still provide the necessary level of support to meet the Department's commitment.

Measures Reporting

Indicator	Report on Measure
Proportion of Hospital Discharges by Top Five Known or Suspected Conditions (ICD10 Chapter) Proportion of Physician Encounters by Top Five Known or Suspected Conditions (ICD9 Chapter) Proportion of Health Centre Visits by Top Five Known or Suspected Conditions (ICD9 Chapter)	To begin next reporting period.

KEY ACTIVITY 4: SUPPLEMENTARY HEALTH PROGRAMS

Description

The Department provides Supplementary Health Benefits, in accordance with policy, to residents who meet eligibility criteria. Benefits include prescription drugs, appliances, supplies, prostheses, and certain medical travel expenses and additional benefits.

- Supplementary Health Benefits
- Catastrophic Drug Benefits
- Métis Health Benefits
- Medical Travel Benefits

Major Program and Service Initiatives 2009/10

Supplementary Health Benefit Changes (Improving Health Care) In September 2007, Cabinet approved a new Supplementary Health Benefits Policy. The new Policy will consolidate existing supplementary benefits programs for non-Aboriginal northerners into one income-tested program to include low-income northerners and their families who are not eligible for supplementary health benefits programs through their employer.

Program implementation is set for April 1, 2009.

Four Year Business Plan Update

Supplementary Health Benefits - In late September 2007, Cabinet approved a new Supplementary Health Benefits Policy. The new Policy will consolidate existing supplementary benefits programs for non-Aboriginal northerners into one income-tested program. Program implementation is set for April 2009.

Measures Reporting

Measure	Report on Measure
# of medically necessary Medical Travel Dispatches	Year: 05/06 — Inuvik Base: 194 — Yellowknife Base: 738 — Total: 932 06/07 — 330 — 762 — 1092 07/08 — 336 — 744 — 1080
Impact on supplementary health benefit changes on expenditure levels	# of low income individuals accessing program (this activity will not be reported on until 2010-11)

KEY ACTIVITY 5: COMMUNITY HEALTH PROGRAMS

Description

Community Health Programs are delivered outside health facilities and include institutional care, assisted living, counselling, intervention and health promotion.

This activity, under the coordination of the Child and Family Services Division, includes direct program delivery funding for community based health and social services programs and services, as well as for program planning and development, including;

- community social service workers in the areas of prevention, assessment, early intervention, counselling and treatment services related to children, youth and families.
- prevention, assessment, intervention, counselling and treatment programs and services to children and families, in compliance with the Child and Family Services Act and Adoption Act;
- promotion, prevention, assessment, treatment and rehabilitation services for addictions, mental health, disabilities, chronic illnesses, and seniors;
- long term care facilities, including group homes and residential care, inside and outside the NWT;
- programs to enable individuals with special living requirements to stay in their homes as long as possible and services designed to assist living in the home;
- in accordance with legislation and policy, the Office of the Public Guardian responds to persons requiring assisted decision-making;
- emotional and social problems such as suicide, homelessness, and dealing with residential school issues
- emergency shelters and counselling services for victims of spousal assault and other forms of family violence
- Health Promotion provides resources and professional assistance to community-based programs that encourage healthy lifestyles and healthy children

Major Program and Service Initiatives 2009/10

In-House Respite Services for Families with Special Needs
This initiative is to provide targeted support for respite services that provide an essential break for parents and caregivers of special needs children will be increased allowing these services to be made available in additional communities.

Healthy Choices Framework
Under this action the GNWT will carry out health promotion and prevention activities under the Healthy Choices Framework including: coordinated programming, interventions and public messaging on physical activity, healthy eating, mental health and additions, tobacco harm reduction and cessation, injury prevention and high-risk sexual behaviours.

Full implementation over five years provides coordinated programming in interventions and public messaging on physical activity, healthy eating, mental health and addictions, tobacco harm reduction and cessation, injury prevention and high-risk sexual behaviours.

Addictions Initiatives Related to Aftercare
Investments will also be made in aftercare services for individuals being treated for alcohol abuse. This initiative is to establish culturally appropriate community treatment options for youth, along with targeted media campaign that will highlight and promote community based addiction aftercare services.

Implement Phase II of the Framework for Action Against Family Violence
Actions under Phase II of the Framework for Action Against Family Violence have been developed in a cooperative manner with the Coalition Against Family Violence. Phase II builds on the successes of the first phase and focuses on expanding services to smaller communities to alleviate further impacts from family violence and preventing additional violence by providing treatment to abusers and services to children who witness family violence. Activities planned for the remaining four years include: enhancing community programming, stabilizing the current system, providing a program for men who abuse, measuring performance and public attitudes

Disease Prevention and Health Promotion
This funding will be linked to work underway with other departments on a Healthy Living Initiative and will allow for awareness programs on drug and alcohol abuse to be started. Priority areas for new investments are Sexually Transmitted Infections (STI), Drug and Alcohol Abuse (including FASD Strategy) and gambling.

Children's Agenda

- FASD Strategy – Draft strategy for cabinet review
- Draft a Disabilities Framework for Children
- Healthy Family Initiatives
- Children and youth mental health and addictions
- Expand respite care into additional communities using NGO model
- Work with the Canadian Mental Health Association – NWT Branch (CMA) to provide mental health programs targeted to youth that focus on addictions, suicide prevention, self-awareness and self-esteem.

Four Year Business Plan Update

Sexually Transmitted Infections (STI) - The Department recently approved a proposal submitted to Public Health Agency of Canada (PHAC) to fund a Sexual Health Coordinator under the Public Health Human Resource Development Fund. The position is now staffed and the coordinator will start working with regions to implement components of the STI Strategy. The Memorandum of Understanding with the PHAC runs until March 31, 2011.

Money from the Pan-Territorial Health Access Fund has been allocated to develop an STI Website and to develop some Mass-media Public STI Education materials in partnership with the other 2 territories. The RFP has been published September 19, 2008.

Implementation of a Youth Sexual Health Social Marketing Campaign has also been identified as a priority under the Healthy Choices new initiative, for implementation in 2009-10 and beyond.

Foster Care Review and Standardization

2007/2008 - Funding of $1,011,000 was approved as requested for standardization of foster care rates in the NWT; specifically basic maintenance rates and age-of-child rates. Additional funding was transferred to the Authorities on July 1, 2007, with foster parents seeing the direct increase in the month of August. The changes were retroactive to April 1, 2007.

2008/2009- An ongoing target adjustment was also approved in the amount of $1,011,000.

2010/2011- A review of Foster Care Basic Rates will be conducted to evaluate whether the level of compliance by all Authorities at paying foster parents the recommended basic maintenance rates and age-of-child rates as outlined in the May 2006 "Recommendations Report: Standardizing Foster Care Rates and Expenditures in the Northwest Territories".

2011/2012- The Basic Maintenance Rate will be (should be) reviewed (using the Canadian Price Index and the 2005 NWT Bureau of Statistics Survey of Household Spending) to evaluate if the 2007 rate continues to meet the costs of caring for a foster child.

Measures Reporting

Program
Health Awareness Activities and Education – funding for non-governmental organizations in the areas of prevention, assessment, early intervention, counseling and treatment services related to children, youth and families. Includes Dene Nation, Canadian Mental Health Association, Seniors 1-800 line/NWT Seniors Advisory Council, Canadian National Institute for the Blind, and the NWT Council of Persons with Disabilities.
Integrated Community Services – funding to provide services to northerners in the areas of Social Services Delivery including: Mental Health and Addictions Services/Training Development, Mental Health and Addictions Initiatives, Salaries for Social Service Delivery Staff.
Children's Services – funding to provide services in the area of Foster Care. Children's Services is responsible for ensuring protection of children and youth from abuse, neglect or harm. Care and guardianship responsibilities are undertaken for all children who are in the care of the Director or Child and Family Services
Community Services – funding provides community programs and services which includes: - Promotion, prevention, assessment, treatment and rehabilitation services for addictions, mental health, disabilities, chronic illnesses, and seniors; - Emergency shelters and counseling services for victims of spousal assault and other forms of family violence; - Emotional and social problems such as suicide and dealing with residential school issues; and - Services designed to assist living in the home.
Residential Care (Adults) – funding is for long term care facilities, including group homes and residential care within the NWT. The goal is to enable individuals with special living requirements to stay in their homes as long as possible.
Health Promotion – provides resources and professional assistance to communities including health authorities for programs that encourage healthy lifestyles and healthy children including: Tobacco Harm Reduction and Cessation, Healthy Pregnancies; Active Living; Injury Prevention; Sexually Transmitted Infections; Addictions and Early Childhood Development.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE
Action: Expand Programming for Children and Youth

Description

Respite Care refers to a service that provides planned relief for caregivers, families, and the people with disabilities that they care for. The relief is necessary to decrease burnout and stress and allows caregivers to provide the best possible support and thereby, the best quality of life for those with disabilities. This action focuses on improving outcomes and opportunities for children and youth.

In House Respite Services for Families of Special Needs Children - Targeted support for respite services that provide an essential break for parents and caregivers of special needs children will be increased allowing these services to be made available in additional communities.

Activity to Date

Discussions have taken place between the Department and community based service delivery providers. Initial plans are being made to provide training for caregivers of children with speech and language delays. Plans for further training and implementation of ongoing programs remain in the developmental stage and projects will see implementation in 2009-10.

Work has also begun on the development of a draft framework for children with disabilities. Respite services will be included in this framework as part of the recommended service continuum. Key non-government partners as well as other government departments have been, and will continue to be, consulted and involved in this framework development process as part of a steering committee for the project.

Planned Activities - 2009/10

1. In House Respite:
   - provide support to the regions for the set up of these programs
   - determine the best model of respite for use in smaller regional communities, identification of staffing requirements, training requirements, and service delivery agency/facility.
   - ensure training for respite workers includes training specific to working with children with disabilities
   - ensure policies and procedures for emergency situations are developed and included in the training of all new staff
   - initiate operations of respite support

2. Support and Training:
   - The first step will be to organize a working group comprised of representatives from the authorities offering rehabilitation services, the Department of Health & Social Services and the Department of Education Culture & Employment.
   - Key tasks for the group will be to conduct research as to which models to adopt and how to modify them to be most applicable to the context of the north.

- Decisions will also need to be made as to whether training should be provided on a 'one to one' basis (involving caregivers and key stakeholders for a particular child and his/her specific needs) or whether to offer larger, more generalized training to all caregivers/partners in a given community.
- Materials for individual family support to a child may be purchased.
- There will need to be additional territorial staff support with a rehab background to carry the workload this service will create.

Planned Activities – 2010/11 and 2011/12

Subsequent years' costs for Respite Services are determined by increased regions participating and initial training and set up costs.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE
Action: Encourage Healthy Choices and Address Addictions

Description

Under this action the GNWT will carry out health promotion and prevention activities under the Healthy Choices Framework including: coordinated programming, interventions and public messaging on physical activity, healthy eating, mental health and additions, tobacco harm reduction and cessation, injury prevention and high-risk sexual behaviours.

Full implementation over five years provides coordinated programming in interventions and public messaging on physical activity, healthy eating, mental health and addictions, tobacco harm reduction and cessation, injury prevention and high-risk sexual behaviours.

Investments will also be made in aftercare services for individuals being treated for alcohol abuse.

Activity to Date

- The Get Active NWT social marketing campaign, lead by MACA;
- Demonstration project of the Healthy Foods North initiative in the Beaufort-Delta region;
- Development of a 'common look and feel' for all GNWT health promotions programs;
- Continuation of the "*Don't be a Butthead*" campaign, at a reduced level;
- Ongoing development of a STI social marketing initiative;
- Community projects through the Health Promotion Fund.

Planned Activities - 2009/10

Implement a healthy eating initiative under the label "Healthy Foods North" in three (3) Beaufort Delta communities. This project is based on a community development model and targets issues related to food security, identified nutritional deficiencies as well as knowledge about and access to healthier food choices. Activities include the following:

- Hiring of a Territorial Healthy Eating Program Coordinator
- Development and implementation of a comprehensive Healthy Eating strategy based on lessons learned from the Healthy Foods North project and other best practices
- Coordinated government-wide approach to address food security issues, particularly with regard to access to and promotion of local traditional foods.

The Health Promotion Strategy Fund was initiated in 1999. The fund supports small community-based projects in order to engage communities in locally based projects that promote one or more priorities. Total annual funding is currently $160,000. A wide number of community-based organizations are continually involved in activities funded under this initiative. However, this level of the fund only allows for relatively small scale short-term projects that are less likely to have lasting impact and affect behaviour change. Adding to this community fund would also signal greater commitment from the GNWT and could greatly enhance the ability to leverage additional federal funding.

Mental Health and Addictions continue to be an ongoing concern in the North due to a loss of culture, history of trauma and a lack of available services in remote communities. When the environment a child is born into is not optimal, it is important that interventions occur in order to increase resiliency and reduce risk factors for future mental health issues and substance use. Youth require education on and access to coping mechanisms and alternatives to using drugs and alcohol. In order to help them make these alternative choices, they need a strong sense of self worth and self identity. This is gained through activities which connect them with their culture and sense of self and those which create opportunities for success. Funding will be used to support the following:

- *1 FTE (salary & benefits)*
- *Social marketing*
- *Resiliency programming (that connects children and youth to culture and creates a strong sense of self*
- *Life skills programming*

Planned Activities – 2010/11 and 2011/12

Enhanced implementation of the Healthy Choices Framework

- Healthy Eating
- Health Promotion Fund
- Physical Activity (MACA)
- Mental Health & Addictions (Youth Resiliency Programming)
- Injury Prevention Strategy
- Healthy Choices Marketing

STRATEGIC INITIATIVE: BUILDING OUR FUTURE
Action: Encourage Healthy Choices and Address Addictions

Description

Under this action the GNWT will implement the Human Papilloma Virus (HPV) vaccine in the Northwest Territories to all grade four girls along with a five year catch-up program for older girls up to grade 12.

The Federal Government has provided a $388,000 vaccine trust for the NWT to implement and fund the program for 2009-10.

Activity to Date

Discussion with Regional Superintendents of Education and Public Health staff has been initiated. Plans are being developed to provide for an effective roll out of the immunization program.

Planned Activities - 2009/10

Funding will be provided to the Authorities to implement the HPV vaccination.

Planned Activities – 2010/11 and 2011/12

The Department will be reviewing options to fund the HPV vaccination on an ongoing basis.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE

Action: Implement Phase II of the Framework for Action on Family Violence

Description

Actions under Phase II of the Framework for Action Against Family Violence have been developed in a cooperative manner with the Coalition Against Family Violence. Phase II builds on the successes of the first phase and focuses on expanding services to smaller communities to alleviate further impacts from family violence and preventing additional violence by providing treatment to abusers and services to children who witness family violence. Activities planned for the remaining four years include: enhancing community programming, stabilizing the current system, providing a program for men who abuse, measuring performance and public attitudes

Activity to Date

To date, in order to address the enhancement of community programming, a call for proposals was issued in mid-August for the Non-Shelter Region Fund which is available to communities and regions lacking a family violence shelter. The proposal call closed September 30, 2008 and funds will be allocated via contribution agreement to community support projects in the fall of 2008. Funds will be ongoing for the next four fiscal years provided the organizations meet all accountability and reporting requirements as laid out in the contribution agreement.

In order to stabilize the current system, the Department is making preparations to transfer funds for family violence shelters to enable the shelters to address staff retention issues and increasing operations and maintenance costs. Funds will flow to the shelters via the regional Authorities. The Department is making contact with Authority CEO's in order to make them aware of the funds, the parameters and guidelines of the funds and to begin the process of fund transfer.

Planned Activities - 2009/10

Enhance Community Programming that encompasses shelter outreach services to those women and children who are victims of violence, but who do not choose to reside in the shelter; provision of follow-up and after-care for clients who use the shelter services; programming for children who have witnessed violence; support services in non-shelter regions; and protocol development to enhance the integration and coordination of services in regions and communities.

Stabilize the Current System by supporting stabilization of current positions within shelters, increase capacity of existing staff, and ensure integration of support services within the rest of the territorial health and social service system.

Planned Activities – 2010/11 and 2011/12

The activities described above would be ongoing to future years.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE
Action: Strengthen Continuum of Care for Seniors

Description

The demand for home and community care is growing and there is a need to ensure that the NWT has a sufficient number of workers to meet this demand. To address an identified training gap, we plan to implement an eight month Nursing Assistant Diploma Program in cooperation with the Dene Nation and Aurora College to train candidates for the position of Home Support Workers and Resident Care Aides.

The Government will also support seniors' facilities by committing funding to the O&M budget for the dementia facility, which is scheduled for completion in 2009/10, and the Hay River Supported Living Campus for adults with moderate to severe cognitive and behavioral challenges. This purpose-built campus will address the need for appropriate social contact, life skills programming, behavioral support and personal care needs.

Steps will also be taken to ease accessibility and provide appropriate care options to clients through implementing single point of entry throughout the system of continuing care.

Activity to Date

Supported and Assisted Living in Smaller Communities

Identification of an assessment and admission process for the group homes: A draft Terms of Reference (TOR) has been developed for the purpose of streamlining the referral and placement process into the TSLC by establishing an admissions and review criterion of clients to be placed or who are currently residing within the group homes, day program (community access program) and the respite program. These TOR has been established as an interim measure until such time when the Territorial Admissions Committee (TAC) has been established and is operational on or about March 31, 2009.

Review of southern placement clients: Since March 2008, there have been ongoing discussions between the DHSS Health Planner – Supported Living, the DHSS – Southern Placement Coordinator, the Public Guardian and regional health and social services authorities surrounding the identification of potential clients whose needs would "match" that of the program scope in Hay River, NT. Potential clients and their families/legal guardian would need to agree to the repatriation, as it is a choice of those whose family member is currently residing in the south. At least five (5) clients have been identified who would potentially be willing to reside in Hay River, NT.

Tenders prepared for furnishing/fixtures for group homes and day programming centre: To be completed by the Occupancy Planner – RFP position, once filled. The budget for this aspect of the programming is $670,000.

Development of Policies and Procedures for the operation of the group homes and day program centre: The DHSS – Health Planner Supported Living has been working in conjunction with Parkland Community Living and Supports Society (C.L.A.S.S.), based in Red Deer, AB, to develop policies and procedures for the group homes, respite and day program centre. Parkland C.L.A.S.S., a southern placement provider currently being used by the GNWT and a provider currently holding the contracts for the Billy Moore and Charlotte Vehus Community Group Homes in Inuvik, NT, has established a sound reputation in providing quality services to persons with disabilities. They have

provided comparison policies and procedures and a variety of administration materials which will complement that of the NWT Service Standards and Guidelines (2005) in the development for policies and procedures for the TSLC in Hay River, NT. Work in this area has been ongoing and appears to be on track with a completion date of October 2008.

Hire and Train Staff: During the months from June – August 2008, the DHSS – Health Planner Supported Living worked in conjunction with the CEO and Manager – Human Resources of the HRHSSA to develop job descriptions of the positions required for the group homes, respite program and day program centre. Community consultations with YACL occurred during this time regarding the terminology contained in the job descriptions to ensure that these job descriptions were empowering and not stigmatizing or labelling in any fashion. The most recent discussions with the HRHSSA indicated that they were to advertise these positions by late August or early September 2008.

Construction Update
The project consists of 5 phases:
Phase 1 - demolition of the existing Dene Konia Building - awarded to Arctic Environmental Services Ltd. $94K, completed

Phase 2 - site development plan - awarded to Dillon Consulting Limited. $10K,completed

Phase 3 - construction of the 3 houses - awarded to Arcan Construction Ltd. $1.96M, anticipated completion is November 2008 (buildings are framed, windows and siding installed, currently working on the interior of the houses)

Phase 4 - design of the program centre - PSAV Architects $220K, completed

Phase 5 - construction of the program centre - contract awarded to 851791 NWT Ltd. (Rowes Construction) $2.64M, site mobilization has begun.

Planned Activities - 2009/10

Work With southern service providers on repatriation plan for any clients returning from the south: Due to delays with the completion of the day program centre (initially proposed for January 2009), repatriations will need to be delayed to about March 2009 with an updated completion date of the day program centre for May 2009. The admissions would coincide more closely to the opening of the day program centre to allow for access to day program activities.

Develop contribution agreement for the operation of the group homes and day program centre by the HRHSSA: To be established.

Admit clients to the group homes: A January 2009 admission timeline may not be feasible due to the delays associated with the construction of the day programming centre which is now anticipated to be completed in May 2009. An admission date of January 2009 would potentially be premature as while clients will have adequate housing, they would not have access to the bulk of the programming delivered through the day program.

Planned Activities – 2010/11 and 2011/12

This activity is proposed to extend to the following years: 2010-11, 20011-12, and ongoing.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE
Action: Strengthen Continuum of Care for Seniors

Description

This investment is for funding the Yellowknife Health and Social Services Authority for contributions that will be provided to the Yellowknife Association for Concerned Citizens for Seniors (YACCS) for the ongoing operational and human resource costs associated with operating the Territorial Dementia Facility currently under construction and scheduled for opening November 2009.

Activity to Date

On September 11, 2008 the Department of Health and Social Services and YACCS executed a twenty year agreement with respect to the services, operations and maintenance, admission and patient placement, insurance, accreditation and standards, budgeting funding and accountability, and other matters for the operation of the Territorial Dementia Facility.

Planned Activities - 2009/10

This activity is proposed to extend to the following years: $1,462,000 in 2009-10 and 3,503, ongoing.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE
Action: Increase Safety and Security

Description

Community governments are experiencing pressures in delivering ground ambulance and/or highway rescue services. The Government will allocate funding to enable community governments to continue to deliver these services. The Government will also invest in moving towards a long-term approach to deal with the issues arising from the lack of a comprehensive, coordinated system of ground ambulance and highway rescue services in the NWT.

Activity to Date

This is a continuation of the funding from 2008/09.

In June 2008, HSS and MACA meet with community governments representatives to provide an update on work undertaken to date, and to hear concerns and comments of community governments. Community government representatives noted that while interim funding is appreciated, it is not enough to address ongoing cost pressures being experienced in their provision of services.

MACA and HSS have funding of $350,000 available in 2008-2009, to provide to community governments and to continue the required analytical work. At the June 2008 meeting, community government representatives expressed a desire to be involved in the analytical work and correspondence has been sent out by MACA and HSS inviting communities to submit names to sit on an Oversight Committee.

Planned Activities - 2009/10

MACA and HSS have developed a joint work plan which is focused on the following high-level work areas:

- data collection;
- governance framework;
- legislative framework;
- operational framework
- funding framework;
- transition planning; and
- communications.

There is a series of tasks required to support the above areas, and staff from both departments will be working on the tasks. It is important to note that work plan is a living document which will be updated and/or modified as work progresses.

Planned Activities – 2010/11 and 2011/12

The Department of Health and Social Services will be developing a work plan and terms of reference to put out to RFP. A contractor will be utilized to develop a legislative framework.

STRATEGIC INITIATIVE: MANAGING THIS LAND
Action: Protect Territorial Water

Description

This initiative will be undertaken increase public education and include a continual release of an annual water quality report, development of a website and materials to assist with public education on water issues.

Activity to Date

Progress on Public Education

- Online Water Quality Database developed and made available to the Public
- Drinking Water Website – with Operator's Corner available
- 2006 Drinking Water Quality Report was released
- Life Source – Ensuring Safe Drinking Water in the NWT Video was released

Planned Activities - 2009/10

Under this Activity a comprehensive plan of action will continue to be refined as a multi-barrier action within Managing Drinking Water in the NWT: a Preventative Framework and Strategy.

The following Table outlines the Action Plan for this Activity

Priority Actions for Public Education	
• Action	• Timeframe
• Translate the Life Source Video to NWT official languages.	• 2008-2010 through contract.
• Develop and disseminate public education and awareness materials (eg. develop household water tank cleaning commercial).	• On-going
• Update communications framework and water management strategies.	• 09/10 via the Communication Committee.
• Create a "water window" for GNWT website with links to key public education sites on source to tap water matters.	• 09/10 by contract and in-house resources.
• Publish the Annual Drinking Water Report.	• Annually

Planned Activities – 2010/11 and 2011/12

STRATEGIC INITIATIVE: MAXIMIZING OPPORTUNITIES
Action: Maximizing Benefits from Resource Development

Description

The MGP will require approximately 40 pipeline construction camps operating over a 4-year period to construct the pipeline. The MGP Update of May 2007 shows that these camps will have a capacity of 7,000 workers, which will be spread throughout the Mackenzie Valley from Tuktoyaktuk on the Arctic coast, to Trout River near the southern terminus of the pipeline at the NWT-Alberta border. Several of the camps are designed to house 950 to 1,500 workers, and rival the larger NWT communities in size. As a consequence, they will require the same environmental health considerations of a community including safe food services, drinking water and wastewater management, garbage disposal and prevention of communicable diseases. These camps will fall under the regulatory authority of the *Public Health Act*, and will be a substantial addition to the public health inspection workload of Environmental Health Services (EHS). Even the modest goal of performing one scheduled inspection of each camp per year will be unachievable without additional inspectors assigned to the Mackenzie Valley. In addition, any complaints or environmental health incidents at an MGP camp will add to the demand on EHS

Activity to Date

Funding is not scheduled to start until 2011-12.

Planned Activities - 2009/10

Funding is not scheduled to start until 2011-12.

Planned Activities – 2010/11 and 2011/12

STRATEGIC INITIATIVE: REFOCUSING GOVERNMENT
Action: Strengthen Service Delivery

Description

iEHR, EMR, and DI-PACs Support Resources

In order to successfully implement the new Health Information Systems, currently under way, the Department of Health and Social Services will required an additional 7.6 Full Time Equivalent positions.

The goals of the iEHR, EMR and DI/PACs in the NWT will enable and support the implementation of the Integrated Service Delivery Model (ISDM). This model is premised on service integration and collaboration and includes:

- Diagnostic and Curative Services;
- Rehabilitation Services;
- Continuing Care Serivces;
- Promotion and Prevention Services; and
- Mental Health and Addictions Serivces.

These three systems are new tools to support patient care and safety and a more sustainable health care system.

Activity to Date

Telespeech

This is a continuation activity to ensure efficient and effective access to NWT Rehabilitation Services.

Since 2006/07, investments have been made to establish four regional rehabilitation teams across the NWT. Without Telespeech this investment will not achieve its full potential in effective use of resources.

In 2008/09 HSS will replace 14 aged televideo-consultation units. There is a "check point" at the end of this phase to assess network and new site readiness. Phase II consists of site assessments and will inform the roll-out of Phase III in 2010/11of the 25 televideo-consultation units (5 Health Centers, 20 Schools) will take place in 2010/11.

iEHR - Phase 0 (initial planning) concluded in December 2005/06. Phase 1 (implementation planning) was completed in 2006/07 and Phase 2 (implementation) started in 2007/08 and is expected to be completed in 2009/10.

EMR - An NWT-wide EMR RFP process was completed in March 2007. The EMR was implemented in 2 sites in 2008/09 and is expected to be rolled out to additional sites over several years.

DI/PACS - planning phase for this initiative began in 2005/06 and was completed in 2006/07. Implementation activities began in 2007/08 and the planned three-year rollout will span 2008/09 through 2010/11.

Planned Activities - 2009/10

The Department and eight Health and Social Services Authorities operate independent stove piped systems and in many instances disparate paper records. The implementation of the three capital projects are solutions that will have a significant impact on digitizing, integrating and extending investments in clinical information systems across the continuum of care and supporting the sharing of information across care delivery environments and practice settings which are geographically dispersed.

These three systems are "net new"; they are not replacing outdated exisiting technology with support staff to transition to supporting a new system. These are new tools to support patient care and safety and a more sustainable healthcare system.

Planned Activities – 2010/11 and 2011/12

LEGISLATIVE INITIATIVES

Activity to Date

Pharmacy Act amendment and regulations to support

- limited prescribing authority for pharmacists– Bill was introduced and received first and second reading during the May/June session of 2008. The Bill received assent in October 2008
- continuing care prescription regulations were also prepared to ensure the implementation of the Act could take place soon after assent.

Public Health Act regulations

- A new Public Health Act was passed in August 2007. Significant regulatory work is required before the Act can come into force.
  Four regulations were identified as essential for the coming into force of the Act:
  - Food Establishments Regulations and Disease Surveillance Regulations are in the final drafting stage and
  - Drinking Water regulations and Summary Convictions Regulations that require significant work to be done

Medical Professional Act

Legislative Proposal has been approved by Cabinet and drafting of the Bill is underway

Social Worker Profession Act

A Legislative Proposal is being prepared.

Vital Statistics Act

Final Legislative Proposal is being prepared.

Health-specific privacy legislation

Several Discussion Papers – 2007-2008. Consultations with stakeholders are ongoing.

Child and Family Services Act (additional amendments)

Legislative Proposal will be ready in late 2008.

- *Professional Corporation Act* (Justice)– This Act is a Dept of Justice legislative initiative, the Department of Health and Social Services (DHSS), specifically the Registrar of Professional Licensing, will be deemed the "governing body" for all professions regulated by DHSS in this Act. In order for this new Act to be implemented, the Registrar's office will be required to establish "rules" respecting the application for and issuance of Professional Corporation permits. These rules will be similar to by-laws of self-regulating professions or regulations of existing health profession legislation.

Other legislative initiatives being developed but still at an early stage includes Heath Profession Act and Ambulance Act.

Planned Activities - 2009/10

Public Health Act regulations

Significant work to be done on regulatory framework includes Immunization regulations, General Sanitation; Public Pool, Public Sewage Systems, Human Remains Regulations,

Medical Professional Act

Review regulations to ensure they are consistent with new Act. Significant work will be around development of a "review officer" role.

Social Worker Profession Act

Move forward on Drafting of Bill (if legislative proposal is approved by Cabinet)

Vital Statistics Act

Move forward on Drafting of Bill (if legislative proposal is approved by Cabinet)

Health-specific privacy legislation

Draft Legislative Proposal

Child and Family Services Act (additional amendments)

Move forward on Drafting of Bill (if legislative proposal approved by Cabinet)

- Heath Profession
  Research and Drafting of Legislative Proposal

- Ambulance
  Complete a legislative framework

Planned Activities – 2010/11 and 2011/12

Planned Activities 2010-2011 and 2011-2012

Provide a general description of activities planned in future years of the 16th Assembly.

Complete the Bills that have been initiated in 2009.

There is a continued need to update and improve the HSS legislative framework, for example modernization of the Mental Health, HIHSSA, Marriage Act, existing health profession legislation such as the Licensed Practical Nurses; Psychologist, Veterinary Profession legislation in order to meet basic requirements of labour mobility agreements. Other legislation may include Apology legislation.

HUMAN RESOURCE OVERVIEW

Overall Human Resource Statistics

All Employees

	2008	%	2007	%	2006	%
Total	132	100	130	100	136	100
Indigenous Employees	45	34.1	41	31.5	39	28.7
Aboriginal	23	17.4	25	19.2	25	18.4
Non-Aboriginal	22	16.7	16	12.3	14	10.3
Non-Indigenous Employees	87	65.9	89	68.5	97	71.3

Note: Information as of March 31 each year.

Senior Management Employees

	2008	%	2007	%	2006	%
Total	12	100	15	100	11	100
Indigenous Employees	3	25	4	26.7	3	27.3
Aboriginal	1	8.3	2	13.3	1	9.1
Non-Aboriginal	2	16.7	2	13.3	2	18.2
Non-Indigenous Employees	9	75	11	73.3	8	72.7
Male	5	41.7	6	40	5	45.5
Female	7	58.3	9	60	6	54.5

Note: Information as of March 31 each year.

Non-Traditional Occupations

	2008	%	2007	%	2006	%
Total	5	100	3	100	7	100
Female	1	20	0	0	2	28.6
Male	4	80	3	100	5	71.4

Note: Information as of March 31 each year.

Disabled Employees

	2008	%	2007	%	2006	%
Total	132	100	130	100	136	100
Disabled	0	0	1	0.8	1	0.7
Other	132	100	129	99.2	135	99.3

Note: Information as of March 31 each year.

Position Reconciliation

This information differs from the employee information on the preceding page. Employee information reflects actual employees on March 31 of each year, and the information presented below reflects position expenditures approved through the budget process for each fiscal year.

Active Positions - Department

Summary:

	2008-09 Main Estimates	Change	2009-10 Business Plan
Total	118	12	130
Indeterminate full-time	118	7	125
Indeterminate part-time	-	5	5
Seasonal	-	-	-

Adjustments Approved through Strategic Initiatives:

Position	Community	Region	Added/ Deleted	Explanation
Consultant (FT)	Yellowknife	HQ	Added	(BOF) In House Respite Services
Health Promotion Specialist (FT)	Yellowknife	HQ	Added	(BOF) Healthy Choices Framework
Policy Officer (FT)	Yellowknife	HQ	Added	(BOF) Enhancing Emergency Services
PACs Administrator (PT)	Yellowknife	HQ	Added	(RG) E Health, Medical Records and Imaging
Data Management Supervisor (FT)	Yellowknife	HQ	Added	(RG) E Health, Medical Records and Imaging
Senior Systems Analyst (EMPI) (FT)	Yellowknife	HQ	Added	(RG) E Health, Medical Records and Imaging
Senior Systems Analyst (Acct Manager) (FT)	Yellowknife	HQ	Added	(RG) E Health, Medical Records and Imaging
Senior Systems Analyst (Health Records) (PT)	Yellowknife	HQ	Added	(RG) E Health, Medical Records and Imaging
Senior Database & Security Analyst (FT)	Yellowknife	HQ	Added	(RG) E Health, Medical Records and Imaging
Senior Policy Advisor – Info & Privacy (FT)	Yellowknife	HQ	Added	(RG) E Health, Medical Records and Imaging
Senior Systems Analyst (Helpdesk) (PT)	Yellowknife	HQ	Added	(RG) E Health, Medical Records and Imaging
Senior Systems Analyst (Helpdesk) (PT)	Yellowknife	HQ	Added	(RG) E Health, Medical Records and Imaging
Senior Systems Analyst (Acct Mgr) (PT)	Yellowknife	HQ	Added	(RG) E Health, Medical Records and Imaging
Administrative Assistant (FT)	Yellowknife	HQ	Deleted	Position Removed

Other Positions

Summary:

	2008-09 Main Estimates	Change	2009-10 Business Plan
Total	15	-	15
Indeterminate full-time	15	-	15
Indeterminate part-time	-	-	-
Seasonal	-	-	-

Adjustments during the Year:

Vote 4/5

Position	Community	Region	Added/ Deleted	Explanation
NIHB Coordinator	Inuvik	HQ	-	Vote 4
NIHB Specialist	Inuvik	HQ	-	Vote 4
NIHB Consultant	Inuvik	HQ	-	Vote 4
Program Advisor - HB Program	Inuvik	HQ	-	Vote 4
Official Languages Consultant	Yellowknife	HQ	-	Vote 1
Intergovernmental Officer	Yellowknife	HQ	-	Vote 4
Telehealth Speech Project Coordinator Yellowknife	HQ	-	Vote 4	
Epidemiologist-Diabetes Surveillance Yellowknife	HQ	-	Vote 4	
Project Manager, Pan-Territorial Oral Health	Yellowknife	HQ	-	Vote 4
Health Planner, Homecare	Yellowknife	HQ	-	Vote 4
Wellness Planner	Yellowknife	HQ	-	Vote 4
Wellness Monitor & Evaluation Consultant	Yellowknife	HQ	-	Vote 4
FNIB Tobacco Coordinator	Yellowknife	HQ	-	Vote 4

Interns

Position	Community	Region	Added/ Deleted	Explanation
Family Child Violence Prevention	Yellowknife	HQ	-	Intern
Telecare NWT Project Coordinator Yellowknife	HQ	-	Intern	

Active Positions - Authorities

Summary:

	2008-09 Main Estimates	Change	2009-10 Business Plan
Total	1,269	(0)	1,269
Indeterminate full-time	1,141	(3)	1,138
Indeterminate part-time	128	3	131
Seasonal	-	-	-

Adjustments Approved through Target Reductions:

Position	Community	Region	Added/ Deleted	Explanation
Nurse Practitioner – Emergency (FT) Yellowknife	North Slave	Deleted	2009-10 Target Reduction	
Nurse Practitioner – Emergency (FT) Yellowknife	North Slave	Deleted	2009-10 Target Reduction	
Nurse Practitioner – Emergency (FT) Yellowknife	North Slave	Deleted	2009-10 Target Reduction	
Unit Clerk (PT)	Yellowknife	North Slave	Deleted	2009-10 Target Reduction
Unit Clerk (PT)	Yellowknife	North Slave	Deleted	2009-10 Target Reduction

Adjustments Approved through Initiatives (Previously Approved):

Position	Community	Region	Added/ Deleted	Explanation
Home Support Worker (PT)	Fort Prov.	Dehcho	Added	2009/10 THAF–Home & Comm. Care
Home Support Worker (PT)	Fort Liard	Dehcho	Added	2009/10 THAF–Home & Comm. Care
Home Support Worker (FT)	HR Reserve	Dehcho	Added	2009/10 THAF–Home & Comm. Care
Home Care – RN (FT)	Fort Liard	Dehcho	Added	2009/10 THAF–Home & Comm. Care
Home Care Nurse (FT)	Fort Prov	Dehcho	Deleted	2009/10 THAF–Home & Comm. Care
Home Support Worker (FT)	Behchoko	Tlicho	Deleted	2009/10 THAF–Home & Comm. Care
Home Support Worker (FT)	Fort Smith	South Slave	Added	2009/10 THAF–Home & Comm. Care
Home Support Worker (FT)	Hay River	South Slave	Deleted	2009/10 THAF–Home & Comm. Care
Home Support Worker (FT)	Inuvik	Beaufort-Delta	Deleted	2009/10 THAF–Home & Comm. Care
Home Care – RN (PT)	Tulita	Sahtu	Added	2009/10 THAF–Home & Comm. Care

Adjustments Approved through Strategic Initiatives:

Position	Community	Region	Added/ Deleted	Explanation
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Residential Support worker (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Lifeskill Coach (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Lifeskill Coach (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Supervisor (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Administration Support (FT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Cook (PT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives
Maintenance (PT)	Hay River	South Slave	Added	2009-10 Strategic Initiatives

Adjustments Approved through Authority Mitigation Measures:

Position	Community	Region	Added/ Deleted	Explanation
Supervisor of General Accounting (FT)	Inuvik	Beaufort-Delta	Deleted	2009-10 Authority Mitigation Measures
Shipper Receiver (FT)	Inuvik	Beaufort-Delta	Deleted	2009-10 Authority Mitigation Measures
Manager, Information Services (FT)	Inuvik	Beaufort-Delta	Deleted	2009-10 Authority Mitigation Measures
Administration Assistant (FT)	Inuvik	Beaufort-Delta	Deleted	2009-10 Authority Mitigation Measures
OT/PT Aide (FT)	Inuvik	Beaufort-Delta	Deleted	2009-10 Authority Mitigation Measures
Diabetes Educator (FT)	Inuvik	Beaufort-Delta	Deleted	2009-10 Authority Mitigation Measures
Diabetes Educator (PT)	Inuvik	Beaufort-Delta	Add	2009-10 Authority Mitigation Measures
Health Promotion Officer (FT)	Inuvik	Beaufort-Delta	Deleted	2009-10 Authority Mitigation Measures
Executive Assistant (FT)	Fort Smith	South Slave	Deleted	2009-10 Authority Mitigation Measures
Dialysis Nurse (FT)	Hay River	South Slave	Deleted	2009-10 Authority Mitigation Measures
Licensed Practical Nurse (FT)	Hay River	South Slave	Deleted	2009-10 Authority Mitigation Measures
Lab Technician (FT)	Hay River	South Slave	Deleted	2009-10 Authority Mitigation Measures
Manager Social Programs (FT)	Hay River	South Slave	Deleted	2009-10 Authority Mitigation Measures
Manager Long Term Care (PT)	Hay River	South Slave	Deleted	2009-10 Authority Mitigation Measures
Nurse Scheduling Clerk (FT)	Hay River	South Slave	Deleted	2009-10 Authority Mitigation Measures
Recreational Therapist (FT)	Hay River	South Slave	Deleted	2009-10 Authority Mitigation Measures
Psychiatry Aide (FT)	Yellowknife	North Slave	Deleted	2009-10 Authority Mitigation Measures
Psychiatry Aide (PT)	Yellowknife	North Slave	Add	2009-10 Authority Mitigation Measures
Registered Nurse - Dialysis (PT)	Yellowknife	North Slave	Deleted	2009-10 Authority Mitigation Measures
Hospital Engineering Tech (FT)	Yellowknife	North Slave	Deleted	2009-10 Authority Mitigation Measures
Operating Room Educator (FT)	Yellowknife	North Slave	Deleted	2009-10 Authority Mitigation Measures
Operating Room Educator (PT)	Yellowknife	North Slave	Add	2009-10 Authority Mitigation Measures
Recreation Aide (FT)	Yellowknife	North Slave	Deleted	2009-10 Authority Mitigation Measures
Nurse Manager (FT)	Behchoko	Tlicho	Deleted	2009-10 Authority Mitigation Measures
Activity Coordinator (FT)	Behchoko	Tlicho	Deleted	2009-10 Authority Mitigation Measures
Wellness Worker (PT)	Wekweeti	Tlicho	Deleted	2009-10 Authority Mitigation Measures

Other Human Resource Information

One of the stated priorities of the Legislative Assembly is to "improve human resource management within the GNWT through training, career planning, and encouraging innovation by employees." To address this priority, the Department of Human Resources is leading the development of a Corporate Human Resource Strategy for the Northwest Territories Public Service. The completion of this overall strategy will provide a framework for the development of departmental human resource plans and initiatives, including the development of succession plans and affirmative action plans. This work will be undertaken during the 2009-2010 fiscal year and will ensure a consistent and coordinated approach across government, providing equitable opportunities for all staff.

Human Resource Activities

The recruitment and retention of a qualified and capable northern public service is a priority of the GNWT. To this end, the Recruitment Support Unit is responsible for the provision of specialized recruitment advice, analysis and support as well as the development, planning and implementation of specialized recruitment programs, strategies and initiatives for the GNWT.

These services include the co-ordination of the Northern Graduate Program (interns, teachers, nurses, social workers); casual employment; the Summer Student Employment Program (REP and PEP); Student Support (Bursaries), Mentorship Programs (CHN Development Program, Advanced Nurse Mentorship, Social Work Mentorship, etc.); and marketing and promotion. A major challenge is to increase the availability of qualified individuals for positions within the public service by developing territorial, national and in some cases international recruitment strategies to attract potential applicants into hard to fill positions in the GNWT.

INFRASTRUCTURE INVESTMENTS

Activity to Date

Yellowknife Stanton Territorial Hospital - Technical Upgrades
Work completed to date includes upgrades to the isolation room ventilation plus replacement of major components of the hospital air conditions system. The nurse call, fire alarm and electronic communication (LAN) systems have been upgraded and the exterior building envelope has been recaulked. An oxygen concentrator has been replaced and the decommissioned biomedical incinerator (environmental liability) has been removed.

Work planned for 2008/09 includes replacement of the medical gas and vacuum systems and upgrades to the heating, ventilation and air conditioning systems.

All Regions Federal Funding (Long Term Reform): Workspace Improvement
The Department of Health and Social Services has created over 100 new positions since 1999 to meet the increasing need for front-line child protection, mental health and homecare workers. The Department lacks space to accommodate these additional workers and now all Authorities are operating far beyond their physical capacity.

The Federal Government has provided funding to alleviate this accommodation shortfall. The money is being administered through the Territorial Health Access Fund (Long Term Reform).

Fort Smith Health Centre - Fort Smith
The Fort Smith Health Centre, constructed in 1978/79, needs major upgrades/renovations to meet current National Building Code requirements, optimize operational efficiency and facilitate the consolidation of social services with medical services. A Master Development Plan, which describes a plan for renovating the existing building in phases over five years, has recently been completed. A key component of this plan is the relocation of a number of elderly and long-term care clients with special needs to a new addition being planned for the Northern Lights Special Care Home in Fort Smith. The vacated space will be renovated and other areas will follow in sequence.

Fort Smith Northern Lights Special Care Home
An existing renovation project for the Northern Lights Special Care Home (NLSCH) has been approved to address code deficiencies identified though a Technical Service Evaluation (TSE) and to renovate the facility to accommodate clients with dementia, as part of an NWT wide plan to provide dementia services. The existing space is currently at full capacity. The Master Development Plan proposes that a fourth "pod" be constructed to accommodate the patients that will be relocated from the Fort Smith Health Centre.

Yellowknife Consolidated Clinic
A 2005 report recommended the consolidation of the Gibson Medical Clinic, the Family Medical Clinic and the Great Slave Medical House into one consolidated primary care clinic in downtown Yellowknife. A Consolidated Primary Care Clinic, located in the downtown core, will accommodate doctors, nurse practitioners, midwives, and diagnostic imaging staff. Longer and staggered hours of operation will reduce the patient load on the Stanton Hospital Emergency Department.

Hay River Adult Supportive Living
This will be the first Territorial facility with supportive living arrangements for adults with moderate to severe physical and mental disabilities. The project is comprised of three four-bedroom houses and a program centre. The houses allow clients to live and socialize in a home-like setting while receiving life-skills training. There will also be two respite rooms so program staff can provide a break for families who are caring for other family members with disabilities. The program centre forms an integral part of the project by providing day programs and other services.

Yellowknife Long Term Care - Territorial Dementia Facility
A new 28-bed facility for the care of those with dementia is proposed for construction directly behind Avens Manor. The new facility will include 4 respite beds and accommodate a day program to provide social interaction and allow for participation in meaningful activities.

The GNWT is supporting this endeavour by transferring the land to the Yellowknife Association of Concerned Citizens for Seniors (YACCS) and by providing funding for project planning and design.

Health and Social Services has agreed to a proposal made by Diavik Diamond Mines Inc. (DDMI) to design and build the new facility using a consortium of contractors that currently work for DDMI. The design, originally used to construct a dementia facility in Calgary called Signal Point, is being modified to suit local conditions.

Planned Activities - 2009/10

Fort Smith Health Centre - Fort Smith
Design work will be completed in 2009/10 and renovations will begin in late 2009.
Construction is scheduled to be completed by the end of 2012/13 (phased approach).

Yellowknife Consolidated Clinic
Tenant Improvements are scheduled to begin in June 2009. Occupancy is targeted for January 2010.

Yellowknife Stanton Territorial Hospital - Technical Upgrades
Work will be continued on upgrades to the Medical Gas and Vacuum systems, completion of the upgrades to the heating, ventilation and air conditioning systems as well as major refurbishment of the architectural finishes.

All Regions Federal Funding (Long Term Reform): Workspace Improvement
Leasehold improvements for additional staff (front-line child protection, mental health and homecare workers) will be completed in 2009/10.

Fort Smith Northern Lights Special Care Home
Construction of the 7-bed addition, and renovations to the existing facility, are scheduled to be completed in 2009/10.

Hay River Woodland Manor
Small Capital upgrades to the flooring in patient rooms and common areas are scheduled.

Hay River Adult Supportive Living
Completion of construction of the day program facility is scheduled to be completed in Spring 2009.

Yellowknife Long Term Care - Territorial Dementia Facility
Completion of construction is scheduled for Fall 2009.

Planning Studies
The Department will undertake and complete Planning Studies for the following proposed projects, to bring forward for consideration for inclusion in the GNWT Infrastructure Plan.

- Stanton Territorial Hospital redevelopment
- Hay River Hospital replacement
- Jimmy Erasmus Long Term Care Facility (Behchoko)
- Territorial Treatment Centre (Yellowknife)

Planned Activities – 2010/11 and 2011/12

Fort Smith Health Centre - Fort Smith
Continuation of construction, scheduled to be completed by the end of 2012/13 (phased approach).

Future Projects
To be determined based on the results of the Planning Studies to by undertaken in 2009/10.

INFORMATION SYSTEMS & MANAGEMENT OVERVIEW

Overview

The Department's approach to Information Management/Information Systems (IM/IS) management is in alignment with the Integrated Service Delivery Model (ISDM) as the direction for health and social services delivery within the NT.

Current departmental IM/IS plans include: Health and Social Services (HSS) IS/IM Plan 2009/10; Information Management Strategic Plan 2009/10; and, Informatics Strategic Plan 2005/2010. Key strategic elements across plans include:

- Promote stronger standards and improve data quality to enhance reporting capabilities
- Use common systems in a common manner to minimize costs and to facilitate the analysis of comparable information across the system. Make these systems intuitive and easy to use for frontline staff
- Integrate and roll-up information to facilitate program planning, monitoring and management while respecting privacy and confidentiality legislation
- Standardize and automate information exchange with external agencies such as the Canadian Institute for Health Information and HMIS
- Participate in the development of national and international technology standards, leading development of industry standards in the health care sector

Current major HSS information systems include:

- **CFIS** – Child and Family Information System, child and family services monitoring system
- **Healthsuite** – Used at the Department to record community health data and at YHSSA for scheduling, physician billing and public health/homecare
- **HMIS** – Healthcare Management Information System supports healthcare registration, medicare, extended health benefits, claims payment, provider licensing, vital statistics and medical travel financial information
- **IPHIS** – Public Health Information System, central disease registry
- **Medipatient +** - Hospital Admission, Discharge, and Transfer (A/D/T) system
- **Medipharm** – Hospital pharmacy system
- **Ormed** – Financial, materials, and inventory management system
- **Triple G** – Hospital lab information system

Planned Activities - 2009-10

IM/IS initiatives planned for 2009/10 include:

- **Interoperable Electronic Health Record (iEHR)** – Provides each patient in NT with a secure and private lifetime record of their key health history and care within the health system available electronically to authorized health care providers anywhere, anytime in support of high quality care.
    - **2009/10 planned activity** - Release 2, iEHR available to all NT healthcare providers

- **Electronic Medical Record (EMR)** - The EMR project encompasses electronic "charting" with a patient's demographics, personal details, diagnosis or conditions, details about treatments or assessments undertaken by a healthcare provider, as well as patient scheduling and billing.
    - **2009/10 planned activity** - Implementation of EMR in 8 sites (depending on specific sites and sizes as selected by CEOs)

- **Diagnostic Imaging/Picture Archiving and Communication System (DI/PACS)** – Provides digital diagnostic image storage for NT patient images and remote retrieval anywhere by an authorized user. For example, this allows remote retrieval by radiologists for manipulation and enhancing of images for interpretation.
    - **2009/10 planned activity** - Implementation of Computed Radiography Readers (modalities which allow diagnostic images to be captured digitally and sent electronically to the hospital systems for storage and future access) in the 18 Community Health Centers currently providing DI services

- **Telespeech** – Access to Speech Language Pathology services through video communications, primarily for school-aged children.
    - **2009/10 planned activity** - Network build within the digital communication network (DCN), and Phase 2 planning and deployment of 15 NEW sites

Planned Activities – 2010/11 and 2011/12

IM/IS planned initiatives for 2010/11 and 2011/12 include:

- EMR
- DI/PACS
- Telespeech
- Laboratory Information System
- Continued work on data and business process standardization